

SECTION 1

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clerk of Court
U.S. District Ct.
Western District of
Missouri, Western Division
400 East Ninth St.
Kansas City, MO 64106

2. Article Number
(Transfer from service label)

7004 2510 0001 0150 3449

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [Signature]

B. Received by (Printed Name)
D. Hansen

C. Date of Delivery
5/5

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

06cc 255
Transferred case

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes